

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **33674**
Registrar's No. **78**

FILED NOV 12 1948

Registration District No. **270**

Primary Registration District No. **5909**

1. PLACE OF DEATH:

(a) County **Unknown Found in Pemiscott Co.**
(b) City or town **Near Bouthersville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **One mile down river**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **X** years, months or days

3. (a) PRINT FULL NAME

O. B. Johnson

3. (b) If veteran, name war **None**

3. (c) Social Security No. **431-42-1698**

4. Sex **Male** Color or race **NEGRO**

6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife **X**

6. (c) Age of husband or wife if alive **X** years

7. Birth date of deceased **FEBRUARY 28 1926**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
21 8 8 hr. min.

9. Birthplace **Ichula, Minnesota**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business **Service Station attendant**

12. Name **Albert Johnson**

13. Birthplace **Baton Rouge, Louisiana**
(City, town, or county) (State or foreign country)

14. Maiden name **Anna Redman**

15. Birthplace **Easton, Mississippi**
(City, town, or county) (State or foreign country)

16. (a) Informant **Albert Johnson**

(b) Address **Blytheville, Ark R# 3**

17. (a) **Burial** (b) Date thereof **11-6-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Egyptusville, Mo.**

18. (a) Signature of funeral director **N. S. Smith, Pres. Home**

(b) Address **Bouthersville, Missouri**

19. (a) **11-8-48** (b) **Rescue B. Thayer**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Arkansas** (b) County **Mississippi**
(c) City or town **Blytheville** **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Route III**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country **X**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **6**
year **1948** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death **Shot** Duration _____

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations **183** **ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED**
Of autopsy **36** Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) Means of injury **2**
23. Signature **Jack Kelley** **Coroner**
Hazlett, Mo. (M.D. or other) Date signed **11-6-48**

11-48-310

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

This body was not embalmed.

Signed.....

William D. Pike

Licensed Embalmer No.....

4484

P. O. Address.....

Caruthersville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33674 Dec
Registrar's No. 78

Registration District No. 220

Primary Registration District No. 5909

1. PLACE OF DEATH:

(a) County Missouri
(b) City or town Genoa
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME

O. B. Johnson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M Color or race B

6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

7. Birth date of deceased Feb. 28
(Month) (Day) (Year)

8. AGE:

Years 21 Months 8 Days 1 If less than one day hr. min.

9. Birthplace

(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (b) Date thereof

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (b)

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec Year 1948 Hour 12 minute 00 M.

21. I hereby certify that I attended the deceased from 1948 to 1948; that I last saw him alive on 1948 and that death occurred on the date and hour stated above. Immediate cause of death

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence
(c) Where did injury occur? Camthensville, Missouri
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Missouri River
(Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)

Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

SUPPLEMENTARY

